

Please print or type the following information

1. Employer information:

Business name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____ County: _____

Physical location address

(if different from mailing address): _____

City: _____ State: _____ Zip code: _____ County: _____

2. Employment Security Department (ESD) number: _____**3. Employer representative:** An employer representative must be provided to coordinate with Shared-Work Program staff in all matters pertaining to the employer plan and eligible employee claims.

Primary employer representative	Alternate employer representative
Name: _____	Name: _____
Job title: _____	Job title: _____
Email: _____	Email: _____
Phone: _____ Extension: _____	Phone: _____ Extension: _____
Fax: _____	Fax: _____

4. When do you anticipate reducing or when did you reduce work hours? _____
(month/day/year)**5. Employer union affiliation(s) information (if applicable):** The employer's Shared-Work plan must be approved by the collective bargaining agent covering any affected employee.

Union: _____ Local: _____	Union: _____ Local: _____
Phone: _____ Extension: _____	Phone: _____ Extension: _____
<u>Authorized union representative name</u>	<u>Authorized union representative name</u>
Print: _____	Print: _____
Signature: _____	Signature: _____

6. Employer certifies the following:

- Identify the affected hourly employees hired as full-time (35-40 hours per week).
- Continue to maintain health benefits as though weekly work hours are not reduced.
- Furnish all reports and information necessary for the proper administration of the employer plan.
- All information provided on this application is true and correct.

Employer signature: _____ Title: _____ Date: _____

Owner, Proprietor, CEO, CFO, Corporate Officer

Shared-Work compensation plan participant list

Use this form:

- When applying for a Shared-Work plan
- To request the Shared-Work Unit to determine employees' eligibility for the Shared-Work Program

WAC 192-250-045 Who is not eligible for participation in the shared work program?

- (1) The following employees are not eligible for participation in the shared work program:**
- (a) Employees paid on any basis other than hourly wage. This includes, but is not limited to, employees paid on a piece rate, mileage rate, job rate, salary, or commission basis. The commissioner may waive this provision for employees paid on a piece rate basis if an hourly rate of pay can be established.**
 - (b) Officers of the corporation that is applying for participation.**

Please print or type the following information

Company name and location	Employment Security Department (ESD) number. Example (XXXXXX-XX)	Today's date

[illegible]

